

Check A Box
 (Paragraph Specified)

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM 10-875)**

SERIAL NO. **10/070799** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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